

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2015 FEB -6 PM 12:02

Office Use Only  
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FB4M5

FIRSTPAC FOR POLITICAL FREEDOM

ADDRESS (number and street)

31794 CARNEROS AVENUE

Check if different  
than previously  
reported. (ACC)

LEWES

DE

19958

2253

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00541094

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

☒ January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12S)

Election on 11/04/2014 in the State of DE

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on 11/04/2014 in the State of DE

5. Covering Period 11/25/2014 through 12/31/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARK A. RYAN

Signature of Treasurer

*Mark A. Ryan*

Date

01

29

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

FEBANC03

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**FIRSTPAC FOR POLITICAL FREEDOM**

Report Covering the Period:

From:

11 25 2014

To:

31 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		836.57
(b) Cash on Hand at Beginning of Reporting Period.....	300.52	
(c) Total Receipts (from Line 19).....	.00	.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		
7. Total Disbursements (from Line 31).....	15.00	15.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	285.52	285.52
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	0	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**FIRSTPAC FOR POLITICAL FREEDOM**

Report Covering the Period:

From:

11/25/2014

To:

12/31/2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (see Schedule A).....	0	0
(ii) Unitemized.....		
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)).....▶	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees		
(such as PACs).....	0	0
(d) Total Contributions (add Lines		
11(a)(ii), (b), and (c)) (Carry		
Totals to Line 33, page 5).....▶		
12. Transfers From Affiliated/Other		
Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees.....		
17. Other Federal Receipts		
(Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19).....▶	0	0

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	15.00	551.05
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15.00	551.05
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15.00	551.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0	0

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.	0.
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.	0.
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15.00	551.05
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15.00	551.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FIRSTPAC FOR POLITICAL FREEDOM**

Full Name (Last, First, Middle Initial)

**A. RYAN, MARK A.**

Date of Disbursement

Mailing Address

**31794 CARNEROS AVENUE**

**12 / 31 / 2014**

City

**LEWES**

State

**DE**

Zip Code

**19958-2523**

Purpose of Disbursement

**BANKING SERVICES/FEES**

**001**

Amount of Each Disbursement this Period

Candidate Name

**NA**

Category/  
Type

**15.00**

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

**B.**

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

**C.**

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

**15.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:			PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIRSTPAC FOR POLITICAL FREEDOM**

Full Name (Last, First, Middle Initial) <b>A. RYAN, MARK A.</b>			Date of Receipt M / D / Y Y Y Y
Mailing Address <b>31794 CARNEROS AVENUE</b>			Amount of Each Receipt this Period <b>0</b>
City <b>LEWES</b>	State <b>DE</b>	Zip Code <b>19958-2523</b>	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>MEDIA DEVELOPMENT</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>0</b>	

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Receipt M / D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt M / D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	<b>0</b>
TOTAL This Period (last page this line number only).....	<b>0</b>

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
N/A

LOAN SOURCE Full Name (Last, First, Middle Initial)			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾
Mailing Address			
City	State	ZIP Code	
Original Amount of Loan		Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred M M / D D / Y Y Y Y	Date Due M M / D D / Y Y Y Y	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------	--------------------------------------	---------------------------------	--------------------------	--

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	▶
TOTALS This Period (last page in this line only).....	▶
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

110011-10001-2/2/03



## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
Information found on  
Page \_\_\_\_\_ of Schedule C

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
 Excluding Loans

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE **9** OF **10**  
 FOR LINE NUMBER:  
 (check only one)

NAME OF COMMITTEE (In Full)

N/A

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

2) TOTALS This Period (last page this line number).....▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **1** OF **1**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>N/A</b>		FEC IDENTIFICATION NUMBER <b>C</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____			

Full Name (Last, First, Middle Initial) of Payee		Date ____/____/____	
Mailing Address		Amount ____	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date For Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date ____/____/____	
Mailing Address		Amount ____	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date For Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	_____
(b) SUBTOTAL of Unitemized Independent Expenditures.....	_____
(c) TOTAL Independent Expenditures.....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full)					
N/A					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee		
			Mailing Address		
			City State ZIP Code		

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date		
City State Zip Code				M M / D D / Y Y Y Y		
Name of Federal Candidate Supported		Office Sought:	House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶						

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date		
City State Zip Code				M M / D D / Y Y Y Y		
Name of Federal Candidate Supported		Office Sought:	House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶						

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date		
City State Zip Code				M M / D D / Y Y Y Y		
Name of Federal Candidate Supported		Office Sought:	House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶						

SUBTOTAL of Expenditures This Page (optional).....▶					
TOTAL This Period (last page this line number only).....▶					

2009-11-10 14:00:00

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
N/A

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check  
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal ..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)  
N/A

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b>  %	<b>NONFEDERAL %</b>  %
<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b>  %	<b>NONFEDERAL %</b>  %
<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b>  %	<b>NONFEDERAL %</b>  %
<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b>  %	<b>NONFEDERAL %</b>  %
<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b>  %	<b>NONFEDERAL %</b>  %
<b>ACTIVITY OR EVENT IDENTIFIER</b>  <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b>  %	<b>NONFEDERAL %</b>  %

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE **OF**  
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

N/A

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

M M / D D / Y Y Y Y

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

PAGE      OF  
FOR LINE 21a OF FORM 3X

**FOR LINE 21a OF FORM 3X**

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date _____		
City	State	Zip Code	_____		
Purpose of Disbursement:		Category/ Type	_____		
Activity or Event Identifier:			_____		
FEDERAL SHARE		+	NONFEDERAL SHARE		=
					TOTAL AMOUNT

[illegible]



**(To be used by State, District and Local Party Committees Only)**

NAME OF COMMITTEE (In Full)  
N/A

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED \$ . . . . .

## Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	00 / 00 / Y Y Y Y	

## Total Amount Transferred for Generic Campaign Activity .....\$0.00

**TOTAL This Period (Total Amount of Transfers Received)** .....

**SCHEDULE H8 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (in Full)

N/A

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV  
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV  
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV  
☐ Voter ID ☐ Generic Campaign

Allocated Activity or Event Year-To-Date

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(1) and Levin share to 30(a)(1))

FEDERAL SHARE TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) N/A		
NAME OF ACCOUNT		
	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS .....</b>		
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS .....</b>		
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND .....</b> (For Column B, use cash as of January 1st)		
<b>8. RECEIPTS .....</b> (From Line 3)		
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)		
<b>10. DISBURSEMENTS .....</b> (From Line 6)		
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

N/A

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER:	PAGE	OF
(check only one)	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c
	<input type="checkbox"/> 4b	<input type="checkbox"/> 5

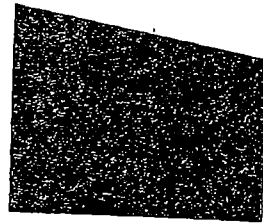
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NAME OF COMMITTEE (In Full)

N/A

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>E.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
SUBTOTAL of Disbursements This Page (optional).....		
TOTAL This Period (last page this line number only).....		

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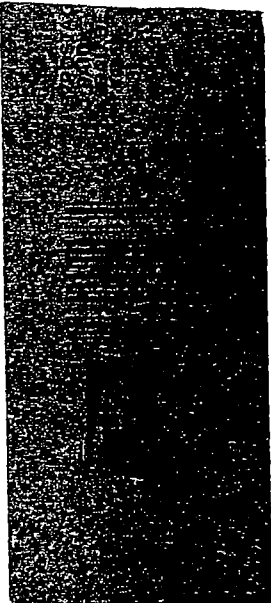
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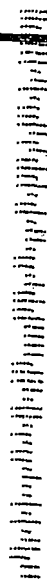
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To: FEDERAL ELECTION COMMISSION

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Federal Election Commission  
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